



# Placer County Health and Human Services Department

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Health Officer and Director

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Director, Environmental Health

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## APPLICATION FOR FOOD FACILITY PERMIT

**NOTE:** Should you wish to change the types of food handled in your establishment, such as adding lunchtime sandwich preparation service in a grocery store, or should you wish to add or replace equipment, or should you wish to remodel or add onto your food handling establishment, please contact this office "PRIOR TO MAKING ANY CHANGES OR PURCHASES."

☐ Update Information ☐ Change of Owner ☐ Business Name Change ☐ New Business

Mail Invoice/Permit to ☐ Owner or ☐ Facility

### BUSINESS OWNER INFORMATION

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Owner's E-Mail: \_\_\_\_\_  
Owner's Phone #: ( ) \_\_\_\_\_  
Emergency Phone #: ( ) \_\_\_\_\_

### FACILITY INFORMATION

Facility Business Name: \_\_\_\_\_  
Facility Physical Address: \_\_\_\_\_  
Facility Mailing Address: \_\_\_\_\_  
Facility Phone #: ( ) \_\_\_\_\_  
Alternate Phone Number: ( ) \_\_\_\_\_ If unable to be reached at Owner or Facility Phone

Name of Previous Business at this Location: \_\_\_\_\_

Square Footage: ☐ < 2,000    Seating Capacity: ☐ 0-50    Facility Within City Limits? ☐ Yes ☐ No ☐ Unknown  
☐ < 5,000    ☐ 50-100  
☐ > 5,000    ☐ > 100

If Applicable: Food Vehicle License Plate # \_\_\_\_\_

Provide a description of the basic types of food and beverage service:

☐ Prepackaged items only    ☐ Food preparation: beverages, deli, full scale restaurant, etc.  
☐ Prepackaged and food preparation

The California Retail Food Code (Cal Code), Section 114381 states that a food facility shall not be open for business without a valid permit to operate. Operation of a food facility in Placer County without a valid permit issued by this office may result in closure of the facility and penalty fees of up to three times the original permit fee.

I certify that I am familiar with the laws pertaining to food service as stated in the California Retail Food Code and agree to operate in a manner consistent with those laws.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Type of Establishment:	PE#	Description:
Department Comments / Conditions: ( ) Approved ( ) Denied ( ) Other		
R.E.H.S. Signature:		

OW# \_\_\_\_\_ FA# \_\_\_\_\_ PR# \_\_\_\_\_ PE# \_\_\_\_\_ PT# \_\_\_\_\_

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